



COUNTY BOROUGH OF STOCKPORT.

REPORT

ON THE

Medical Inspection of School Children

From January 1st to December
31st, 1925.

STOCKPORT :
FALCON PRINTING Co., LTD., Wellington Street.



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Mr. J. Goodison.

STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Medical Officer to the Education Committee—
A. G. Jenner, M.R.C.S., L.R.C.P., D.P.H. (Deceased October, 1925).

Assistant School Medical Officers—W. H. Rowell, M.D., B.S., D.P.H.,
Doris A. Haworth, M.B., Ch.B., D.P.H.

School Dentist—Mary V. Nidd, L.D.S.

School Nurses—Miss Longley, Miss Powell, Miss Axon.

Assistants at School Inspections—Miss Taylor, Miss Charlesworth,

Assistant to School Dentist—Miss Weaver.

Clerical Assistant—Miss Demount,

**To the Mayor, Aldermen and Councillors of the
County Borough of Stockport.**

Mr. Mayor, Ladies and Gentlemen,

Owing to the lamented death of Dr. Jenner, Medical Officer of Health and Medical Officer to the Education Committee, who was always ready to lend a helping hand to the two School Doctors, and the fact that the recently appointed Medical Officer of Health has not yet taken up his duties, it has fallen upon me as Assistant School Medical Officer to present the Annual Report on the Medical Inspection and Treatment of School Children during the year 1925.

During this period 8,599 children have been inspected in the Elementary Schools, of whom 4,892 were in the Routine Groups, viz., Entrants, Intermediates and Leavers, and 2,201 were Special Cases.

Of the 4,892 inspected under these Code Groups 1,137 cases, or 23·24 per cent., were found to require treatment. In 1924 this percentage was 21·50.

1,506 children were re-inspected at the Schools to ascertain if treatment had been obtained and the result.

At the Secondary Schools 483 Routine Inspections were made. The number of individual students having defects which required treatment or to be kept under observation was 73.

At the Central School Clinic, 108, Wellington Road South, which is open daily, 3,255 individual children attended during the year, the total number of attendances being 13,959. (In 1924 there were 13,377 attendances).

Routine Medical Inspections (see Table 1).....	4,892
Other Inspections (School and Clinic).....	11,236
Secondary School Inspections.....	483

The School Nurses paid 1,330 visits to children's homes following up medical defects and securing necessary treatment.

Special attention is given to the discovery and treatment of unclean heads (girls) in the Elementary Schools, the total number of examinations of children in the Schools by the Nurses in the year being 18,780. Individual children examined numbered 14,175, of whom 10 per cent. were found unclean at the first visit.

Also any child with suspected Ringworm is sent immediately to the School Clinic. There is a steady decline in the number of cases of Ringworm of the head severe enough to require X-Ray Treatment (9 cases under the Authority's Scheme and 3 cases privately, compared with 17 cases in 1924 and 27 cases in 1923), which decline may legitimately be attributed to finding the cases in an early stage.

In accordance with the recommendation of the Board of Education the Nurses when visiting a School have enquired if there were any suspicious early cases of Infectious Disease in the School noticed by the Teachers.

The School Dentist visited six Schools during the year, inspecting 1,268 individual children there. Special Cases numbered 3,017. (Table IV., Group IV.)

Total number of children inspected.....	4,285
Found to require treatment	4,176
Actually treated	3,400
Re-treated	116
Attendances made by children for treatment.....	3,474

Under the Provision of Meals Act, 1906—1914, during the statistical year for the accounts of the Feeding Centres (March, 1924, to March, 1925), 38,661 meals were provided for necessitous school children.

The average number of children attending the Feeding Centres daily was 70. During corresponding previous period, 81.

In November, 1923, in accordance with the provisions of Section 81 (1) Education Act, 1921, a scheme and scale of payments by parents for the Medical and Dental Treatment of School Children was adopted.

Contribution Boxes installed in both Medical and Dental Departments of the Clinic collected £11 17s. 9d. this year.

Fifty-six children received Operative Treatment for Defects of Nose and Throat under the Authority's arrangement with Stockport Infirmary, the scheme working most satisfactorily.

Crippling Defects and Orthopædics. The necessity for an organised scheme of treatment has been brought to the notice of the Authority, and a Special Orthopædic Department having been opened at Stockport Infirmary under the charge of Mr. E. S. Brentnall, M.B., F.R.C.S.E., arrangements have been made whereby suitable cases sent by the Education Committee, Public Health Department or Welfare Centre can attend.

One of the School Doctors had a rather prolonged illness in the autumn, and naturally this interfered with the work. The Re-inspection of nearly one half of the Elementary Schools is undone, but as most of these particular Schools only had their Routine Inspection after the midsummer holiday, the children have not really suffered any great disadvantage. Moreover, owing to the same cause, the Girls' High School and Fylde Lodge School have not been seen, it being considered preferable with the reduced Staff to concentrate upon the Elementary School Children as more likely to need medical supervision. Further, one of the Lady Assistants at School Inspections had a prolonged illness which meant a Nurse accompanying the School Doctor instead of doing her ordinary work.

I wish to thank the Members of the Education Committee for their continued confidence and consideration ; my colleague Dr. Doris A. Haworth, for her support ; the Secretary of Education for readily giving valuable assistance and advice, and the Clinic Staff ; Teachers and School Attendance Officers for their willing co-operation.

I have the honour to be,

Your obedient servant,

W. H. ROWELL, M.D., D.P.H.,

Assistant School Medical Officer.

SCHOOL HYGIENE.

In the Annual Report for 1920 a fairly comprehensive review was given of the Schools in this County Borough. Plans for a new School in the Lancashire Hill area are now under consideration.

The following changes and improvements have occurred in the interval—

HANOVER COUNCIL AND EDGELEY COUNCIL SCHOOLS.

Owing to the fall in the birth rate the numbers of young children attending school has considerably decreased. It has been possible, therefore, to re-organise existing Schools and to dispense with the school buildings known as Hanover Council and Edgeley Council.

The children from these Schools have readily and without any trouble obtained admission into neighbouring Schools.

Portwood Temporary Council School is now a Junior School, the senior scholars having been transferred this year to Vernon Park Council School.

RECENT IMPROVEMENTS AT SCHOOLS.

Lancashire Hill Council School and Banks Lane Council School—Trough closets replaced by self-contained basins and separate flushing cisterns.

Great Moor School and St. Mary's C.E. School, Greg Street—Privy closets converted into modern separate flushing conveniences.

Better lighting at Houldsworth School and Parish Church School, whilst the ventilation of the class rooms at South Reddish Council School has been improved by means of additional air inlets and outlets.

Playgrounds have been formed and tar paved at Cheadle Heath Council, Higher Brinksway Council, Great Moor (Girls), and Portwood Temporary Council Schools.

Dual desks and dual tables and chairs for infants are constantly replacing the older school furniture. Blackboards and other furniture are replaced by modern forms as found necessary.

Being a town area few children bring meals to School, and most Schools have gas appliances.

ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has an area of 7,059 acres, and an estimated population of 125,900. The number of children on the School Register in December, 1925, was 15,757, approximately one elementary school child to 7·9 persons living in the district. The following list gives school accommodation in the Borough and average attendance on the 23rd December, 1925 :—

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll under 5.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
Higher Brinksway Cl.	...	S.	252	—	217	193	89
„	...	J.	215	7	187	163	84
Alexandra Park Council	...	S.	500	—	538	490	91
„	...	J.	400	1	394	348	88
St. Matthew's C.E.	...	M.	425	—	395	352	89
„	...	I.	198	7	197	175	86
Lancashire Hill Council	...	M.	397	—	306	273	89
„	...	I.	157	2	94	81	84
Christ Church of E.	...	S.	364	—	373	334	90
„	...	J.	220	—	212	188	89
„	...	I.	243	5	195	161	81
All Saints' C.E.	...	M. & I.	528	2	406	350	86
St. Mary's R.C.	...	M.	337	—	295	258	87
„	...	I.	195	3	152	137	88
Wellington Road Council	...	M.	308	—	315	287	91
„	...	I.	127	2	133	114	84
St. Thomas' C.E.	...	M.	720	—	604	535	89
„	...	I.	324	10	161	141	82
Parish Church of E.	...	M.	600	—	451	401	89
„	...	I.	219	4	171	134	77
Edgeley R.C.	...	B.	317	—	303	264	87
„	...	G.	345	—	304	262	86
„	...	I.	238	2	182	152	84
St. Peter's C.E.	...	M. & I.	546	—	338	296	88
Hollywood Park Council	...	S.	400	—	340	296	87
„	...	J.	300	10	254	226	86
Brentnall Street Council	...	M. & I.	337	—	310	271	87
Great Moor C.E.	...	M.	330	—	322	287	89
„ Council	...	I.	120	1	92	76	82

YEAR 1925.

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NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll under 5.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
St. George's C.E.	...	S.	300	—	313	278	89
„	...	J.	300	—	291	248	85
„	...	I.	272	1	235	171	72
Cale Green Council	...	M.	464	—	315	278	88
„	...	I.	220	5	141	126	86
Banks Lane Council	...	M.	362	—	301	268	89
„	...	I.	124	1	121	99	81
Stockport R.C.	...	B.	226	—	242	205	85
„	...	G.	242	—	237	194	82
„	...	I.	230	—	203	164	81
St. Paul's C.E.	...	M.	311	—	354	309	87
„	...	I.	143	6	130	115	85
Vernon Park Council	...	M.	600	—	508	432	85
„	...	I.	320	—	245	202	82
Portwood Temp. Council	...	J.	585	2	229	202	87
Houldsworth	...	M.	419	—	413	361	87
„	...	I.	286	—	177	132	75
North Reddish Council	...	S.	400	—	398	348	87
„	...	J.	260	—	247	211	85
„	...	I.	320	6	269	185	67
South Reddish Council	...	M.	227	—	252	215	85
„	...	I.	141	—	148	119	80
Reddish R.C.	...	M. & I.	360	3	164	128	77
St. Mary's C.E.	...	M. & I.	289	—	241	202	84
St. John's, Heaton Mersey	...	M. & I.	395	5	191	162	83
St. Thomas', Heaton Chapel	...	M. & I.	448	1	168	122	73
Hope Memorial C.E.	...	J.	209	—	147	128	87
Heaton Moor Council	...	M. & I.	310	—	325	245	75
Cheadle Heath Council	...	M.	320	—	294	264	90
„	...	I.	160	—	131	107	82

Totals, 23rd Dec., 1925 ... 18905 86 15671 13465 85.4

15757

MEDICAL INSPECTION AT THE SCHOOLS.

For the purpose of Routine Medical Inspection school children are divided into three age groups—

- (1) "Entrants," or children commencing school life.
- (2) "Intermediates," or children between the ages of 8 and 9 years.
- (3) "Leavers," or children between 12 and 14 years of age.

Our aim is to examine each child once in each of these groups, that is, at least three times in the course of his or her school career. Attention is also given at each Inspection to SPECIALS, namely, cases not of code age group referred to the Medical Officer by Teachers or Attendance Officers, or brought forward at the request of parents. "Re-inspections" of children found defective at a previous Routine Medical Inspection take place when the Schools are visited a second time towards the close of the year.

No departure has been made from the Board's Schedule of Medical Inspection.

A fortnight previous to the intended examination the head of each department is notified that the inspection is about to take place.

A list is prepared from the school register of all children in the department who come within the Routine Age Groups, and the necessity of bringing forward special cases for examination is also impressed upon the Teachers.

A lady assistant is always present with the Doctor at the Inspection. Her duties are to weigh and measure the child, when this has not already been done, to help with the undressing and dressing of the child in the absence of the parent, and to test the eyesight. Routine Cases are taken at the rate of 16 per hour, Special Cases at a more variable rate.

During the year 259 visits were made to the Elementary Schools for the Annual Inspection. 4,892 children received the full systematic examination which each child undergoes at least three times during school life, 2,201 children were seen as "Specials," whilst 1,506 children were re-inspected for some previously ascertained defect.

Of the 4,892 Routine children, 1,137 or 23.24 per cent. had defects.

1,884 parents attended the Inspections.

FINDINGS OF MEDICAL INSPECTIONS. (See Table II.)

(a) UNCLEANLINESS. The regular examination of children for verminous conditions of the head is proving a repaying section of the School Nurses' work, and has conduced also to a distinct diminution in the number of cases of ringworm of the scalp owing to early detection. Personal instructions are always more effective than anything in writing, and the intervention of the School Nurse has the effect of bringing home to parents the seriousness of allowing their children to remain in what is really a diseased condition. In addition the fact that every child (girl) is examined does much to eliminate friction.

Although as a rule verminous heads (other than Impetigo) are not treated at the School Clinic, it has been found advisable to deal with a number of cases where the girl is badly affected, or where the home conditions are particularly hopeless.

Figures are given in Table IV., Group V.

(b) MINOR AILMENTS. There is nothing new in the type of minor ailments discovered. Many of these are first seen at the Clinic, sent by teachers or parents.

At the Routine Inspections were found 3 cases of ringworm and 62 other cases of skin disease, 23 cases of blepharitis (inflammation of the eyelids), and 42 cases of running ears, all requiring treatment.

(c) TONSILS AND ADENOIDS. The Routine Inspection showed 132 cases of either enlarged tonsils or adenoids, or the two combined.

(d) TUBERCULOSIS. Two definite cases and nine suspected cases of pulmonary tuberculosis were found at the Routine Inspection, and also ten non-pulmonary cases, all of which required treatment.

(e) SKIN DISEASES. Most of the children suffering from skin diseases are first seen at the Clinic.

65 cases were found at Routine Inspections to require treatment, whilst 352 cases were actually treated at the Clinic.

(f) EXTERNAL EYE DISEASE. 23 cases of blepharitis (inflammation of the edges of the eyelids) were found at Routine Inspection and referred for treatment. It is generally an indication of lowered health and must be treated accordingly.

Also 21 cases of other conditions of the eye.

(g) VISION. 165 new cases of defective vision, including 64 cases of squint, were discovered at the Routine Inspections.

The early treatment of squint is most important, as an untreated squinting eye rapidly deteriorates.

The gravity of a squint is not always recognised by the parents.

(h) EAR DISEASE AND HEARING. Routine Inspection revealed 42 cases of running ears requiring treatment and 2 cases for further observation.

Ten cases of defective hearing of varying degrees (adenoids being one cause) were advised treatment.

(i) DENTAL DEFECTS. The School Doctors noted 241 cases of dental defects at the Routine School Inspections.

These are mostly gross defects frequently with septic gums and consequent impaired health. The School Dentist's report is given elsewhere.

(j) CRIPPLING DEFECTS. The majority of these are due to infantile paralysis, and when seen by the School Doctor have usually reached a stage where treatment is not satisfactory.

Routine Inspections show under deformities, 12 cases of rickets, 6 of spinal curvature, and 26 other forms, all requiring treatment.

The Return of Exceptional Children (Table III.) gives information of ascertained crippling defects,

INFECTIOUS DISEASE.

A new edition of the “Teacher’s Guide to Infectious Diseases at the School” has been issued this year. All contacts are excluded according to the requirements of the Board of Education.

Children discharged from the Infectious Diseases Hospital must be certified by the School Doctor before returning to school.

Upon request by a Teacher the Doctor or Nurse will pay a special visit to a School where infectious disease has occurred to give advice and to detect “carriers” of infection.

I am indebted to the Public Health Department for the following “Table of Cases of Infectious Disease notified under 15 years of age,” during 1925.

	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	Total under 15 years
Diphtheria	1	5	2	9	7	30	18	72
Scarlet Fever	6	14	26	52	52	273	130	553
Enteric Fever .....	...	...	...	1	...	...	...	1
Erysipelas	1	1	...	1	...	1	2	6
Pneumonia (Acute Primary) ...	1	3	...	1	5	13	5	28
Pneumonia (Acute Influenzal).	1	1	...	1	2	7	3	15
Encephalitis Lethargica . . . . .	...	...	...	2	...	1	1	4
Acute Poliomyelitis...	...	...	...	...	1	...	...	1

FOLLOWING UP.

If the parent is present at the School Medical Inspection the condition of the child and any necessary treatment is discussed with her ; if not, the child takes home a sealed letter addressed to the parent, stating the defect found, the necessity for treatment, and the days on which the doctor can be consulted at the School Clinic.

After a short interval the home of each child requiring treatment is visited by a nurse to ascertain if such treatment is being carried out, and if necessary to impress on the parent again the need of treatment, and the methods of obtaining it.

Suitable cases are given appointments at the Clinic, either for treatment or consultation, when the parent was not present at the School Inspection.

Each child is re-examined at the next visit to the School, and, if necessary, the case is again followed up at the home.

Notifications are received from the Attendance Officers of children out of School with minor ailments, and who are not under treatment by a private doctor. The homes are visited and directions given for carrying out simple treatment where such is indicated, or the case is urged to attend at the Clinic, Certain Clinic cases require home visiting.

There are three Nurses on the Staff. One is engaged full time in the Central Clinic. The other two are employed in following up cases, in the regular visitation of Schools to examine children for cleanliness, and in helping to investigate any special cause of illness in any particular School when requested by the Head Teachers. Comment has already been made upon illness in the Staff and consequent reduction of results of work done.

During this year 1,330 visits were made to the homes. A nurse accompanies all children sent to Manchester Skin Hospital for X-ray treatment of scalp ringworm.

MEDICAL TREATMENT.

At the Central School Clinic, 108, Wellington Road South, work is going on all day. Minor ailments (see Table IV., Group I.) are treated under the Authority's scheme.

A record is kept of each child, his (or her) complaint, and the dates and hours of attendance for treatment. If the child comes from School to the Clinic he is given a time card for his Teacher showing the time of his arrival and departure from the Clinic. These particulars are confirmed by sending a weekly time sheet to each School from which children may have come.

On Wednesday refraction work is undertaken, and spectacles prescribed for defective sight, whilst Saturday morning is reserved for special consultations, mentally defective children examined, etc.

Many children suffering from various types of skin disease and external eye affections attend daily for treatment, appreciably shortening the duration of the disease.

Total attendances at the Clinic	13,959
Total Number of Children attended	3,255
Average Number of attendances per Child	4.28

Defects treated :—

Skin Diseases	352
Eye Disease (external and others)	251
Ear Diseases	194
Miscellaneous Minor Ailments (Sores, etc.).....	1,589
Defective Vision	191

In addition to these, children attend with their parents at the Clinic for medical examination and advice, and to whom may be given certificates of exclusion from, or admission to School.

During the year 949 certificates of exclusion from School for varying periods of time were given.

EXCLUSIONS, 1925.

Impetigo	72
Scabies	7
Scalp Ringworm.....	50
Body Ringworm	28
Other Skin Diseases	34
Eye Diseases	45
Tonsillitis.....	44
Nervous Diseases	20
Infectious Diseases.....	162
Pyrexia.....	12
Rheumatism	1
Tuberculosis of Lungs	7
Other Chest Diseases.....	83
Anæmia, Debility, etc.	37
Heart Diseases	7
Tubercular Conditions other than Phthisis.....	16
Ear Disease.....	6
Verminous Conditions	74
Miscellaneous	244
Total	949

SCALP RINGWORM. There have been 59 cases as compared with 82 cases in 1924 and 120 cases in 1923. This satisfactory diminution is undoubtedly the result of frequent examinations of children in the Schools by School Nurses, and to increased interest by the Teachers, leading to earlier detection and treatment. No such child is re-admitted to School without a certificate from the School Doctor.

In connection with the School Clinics X-ray treatment for scalp ringworm is obtained at the Manchester Skin Hospital on payment of a fee by the Education Authority of two guineas per case. This method of treatment is one requiring elaborate apparatus and great skill in application. The practice of treating the whole scalp, irrespective of the extent of the disease, has again been followed. Only the worst cases are advised to have X-ray treatment. No charge is made to parents of children.

9 children were successfully treated by this method during the year (17 cases in 1924), and in no case has any subsequent alopecia occurred. Three cases were X-rayed privately.

TONSILS AND ADENOIDS. The surgical treatment of enlarged tonsils and of adenoids is not undertaken lightly, but only where definite indications are evident.

The arrangements made with Stockport Infirmary for the operative treatment of these cases are very satisfactory. Upon the advice of the School Doctor the parent takes the child for a preliminary examination by the Specialist Surgeon for Diseases of the Throat and Nose.

Should operative treatment be advised an order is issued from the School Clinic. A fee of one guinea and a half per case is paid by the local Authority to the Infirmary. Necessitous cases receive free treatment. The parents in non-necessitous cases are required to pay 10/6 to the Authority for this operation.

56 cases received operative treatment under the Authority's scheme 75 recorded operations were performed, although the actual number operated upon is larger, being done elsewhere. (See Table IV., Group III.)

TUBERCULOSIS. The Medical Officer, Tuberculosis Dispensary, states that children of school age attended the Dispensary as follows:—

	New Cases in 1925	Total No. attending in 1925
Tuberculosis (Pulmonary).....	10	15
„ (Non-pulmonary).....	10	27
Bronchitis	23	76
Debility	21	87
Anæmia	5	38
Lupus .....	...	2
	69	245

Two cases in contact with phthisical patients were examined and found uninfected. Twelve patients were admitted to Whitehill Hospital, and two cases were sent to the Sanatorium in Westmorland. The Dispensary sent four cases of tuberculous bones or joints to the Orthopædic Hospital, Shropshire.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

NOTIFICATIONS, CHILDREN 5 TO 14 YEARS.

Age	Pulmonary		Non-pulmonary	
	M.	F.	M.	F.
5	...	2	2	1
6	2	1
7	...	1	...	...
8	2	...
9	1	...	1	...
10	2	1
11
12	...	1	1	1
13	1
	1	4	10	5

VISION. Table IV., Group II., shows that 185 cases of defective vision were refracted and six cases of other defects of the eyes were dealt with under the Authority's scheme.

79 refractions were done elsewhere and recorded.

Spectacles were prescribed for 259 children whilst 246 children obtained them.

A donation of ten guineas per annum by the Authority enables special or obscure cases to attend Manchester Royal Eye Hospital at the discretion of the School Doctors.

I consider this arrangement most beneficial and helpful to our young patients.

EAR DISEASE AND HEARING. Of the 196 cases with ear discharge and 63 cases of other ear diseases 211 received treatment.

All cases of running ears are urged to persevere with treatment.

Unfortunately, many parents consider the condition as trivial and seek advice only in bad cases.

Marked cases of deafness are sent to the Specialist Aural Surgeon at the Infirmary.

SCHOOL DENTAL OFFICER'S ANNUAL REPORT FOR 1925.

The Annual Report of the Dental Inspection and Dental Treatment of school children is for the period January 1st to December 31st, 1925.

The scheme is as follows :—

INSPECTION. Routine inspection was confined to children of 6, 7, 8, 9 and 10 years of age.

1,268 children were examined at the six Elementary Schools inspected during the year, and of this number 91 per cent. were found to require treatment.

In addition to the routine cases there are special cases numbering 3,017, which are referred for treatment to the School Dentist either by the School Doctor, teacher or parent.

Each child possesses a Dental Card which contains a record of the number of examinations and the type of treatment received during the school career.

A detailed examination is made by the Dentist at each school, a mirror and probe being used for this purpose.

At every school inspection a Lady-Assistant accompanies the Dentist. Her duties are to record on a child's card the following details :—

- (1) The date of inspection.
- (2) Number of sound, saveable and unsaveable teeth, both temporary and permanent.
- (3) Teeth requiring filling.
- (4) Teeth requiring extraction.

Notifications are sent to the parents of children referred for treatment, asking for their written consent that such treatment may be carried out.

CASUALS. Children not included in the routine age groups are known as "Casuals." These cases are treated at the Clinic any morning.

TREATMENT. The ordinary course of treatment for each child averages two visits to the Clinic.

Extractions are always done before fillings in order to ensure a clean and healthy mouth before the filling is undertaken.

Great care is taken to avoid the removal of permanent teeth unless this is absolutely necessary.

Out of 4,285 cases inspected 4,176 were referred for treatment. This includes 3,017 casual cases.

ANÆSTHETICS. Only local anæsthetics are employed, Procaine being injected for the extraction of permanent teeth and Ethylchloride being sprayed on to the gum in case of temporary teeth extractions.

IRREGULARITIES. Minor cases of irregularity are dealt with at the Clinic, while the more serious cases are referred to the Manchester Dental Hospital.

The annexed tables show the details of dental inspection and treatment :

- (1) Table showing treatment of dental defects.
- (2) Table showing time given and operations undertaken.

CRIPPLING DEFECTS AND ORTHOPÆDICS.

It may be of interest to indicate the derivation of the word "Orthopædics."

In 1741 M. Andry, Professor of Medicine in the Royal College and Senior Dean of the Faculty of Physick, Paris, wrote a book to which he gave the name "Orthopædia" and explains his choice of the title as follows: "I have formed it of two Greek words, viz., orthos, which signifies straight, free from deformity, and paidion, a child. Out of these two words I have compounded that of Orthopædia to express in one term the design I propose, which is to teach the different methods of preventing and correcting the deformities of children."

Although Andry had the straightening of children primarily in mind, yet the meaning of the word has gradually been extended so as to denote the prevention and correction of deformity, from whatever cause, in children and adults. (Brit. Med. Journal, Feb. 20th, 1926).

In May, 1925, the late Dr. Jenner outlined a scheme for the Treatment of Orthopædic Cases at the Stockport Infirmary in the special department under Dr. Brentnall, Honorary Orthopædic Surgeon.

The Stockport Infirmary has special facilities for dealing with these cases in the way of electrical apparatus, radiant heat, massage, remedial exercises and Swedish drill.

The Education Department and the Public Health Department will co-operate, and the Corporation intend to deal with cases of Infantile Paralysis, Tubercular Bones and Joints, Rickets, Congenital Deformities and Injuries.

Children of all ages will be dealt with, *i.e.*, children under school age and children attending the schools in the Borough. They will be sent from School Clinics, Tuberculosis Dispensary and Child Welfare Centres.

In addition to a certain number of beds being allotted in the Stockport Infirmary to the Honorary Orthopædic Surgeon, the Corporation retain three beds in the Shropshire Orthopædic Hospital.

A voluntary organisation in Stockport known as the "George Fearn Trust" sends suitable cases to farms and cottages in the country a short distance from Stockport to recuperate. This Trust is aided by the Stockport Corporation by a gift of £150 per annum in respect of ten beds they maintain at the Ormerod Convalescent Home, St. Annes-on-Sea. Any type of delicate child is eligible for either of these convalescent schemes on recommendation of the School Doctor.

The Ormerod Home is not recognised by the Ministry of Health or by the Board of Education.

Another Trust in the Town has kindly offered to aid in obtaining surgical appliances in necessitous cases.

The Scheme has been working for over six months, and a report submitted by the Infirmary Authorities was recently discussed at a Meeting of the Infirmary Orthopædic Committee and representatives of the Corporation.

The following figures for six months working were given :—

48 cases were treated for various diseases, the ages of the patients varying from $2\frac{1}{2}$ to 22 years.

8 operations were performed.

190 out-patient attendances were made.

151 attendances for massage.

387 attendances for medical exercises.

8 cases were received as in-patients.

24 X-ray examinations were made.

It must be understood that the above figures include all ages, not school age merely.

At the Representative Meeting it was agreed to give the Scheme a trial for a further six months, and the following scale of payments agreed upon :—

For each attendance for surgical examination	1/-
„ massage attendance	2/-
„ medical exercise in the gymnasium	2/-
„ in-patient per day	7/6
„ X-ray examination	10/6

A new gymnasium is being constructed in connection with Stockport Infirmary.

The Education Committee of this Authority have accepted financial liability for all children of school age requiring orthopædic treatment at Stockport Infirmary subject to the following conditions :—

1. Children of school age must be certified and sent by one of the School Doctors.

2. Such child must be a "necessitous case" as laid down in the instructions of the Education Committee.

3. The Education Committee accept no liability for payment for non-necessitous cases, or cases reaching the Orthopædic Department through any other channel than the School Doctors at the Clinic.

4. Subject to the above financial restrictions all cases requiring treatment will be urged and advised to avail themselves of this Special Department.

Thus it will be seen that the local Education Authority's Scheme provides for :—

1. At the School Clinic :—

(a) Treatment of minor ailments.

(b) Dental treatment.

(c) Refraction work (the testing of defective eyesight) and the provision of spectacles for necessitous cases. It may be noted that a donation of ten guineas per annum by the Authority enables special cases to attend Manchester Royal Eye Hospital at the discretion of the School Doctors.

(d) The ascertaining of, and dealing with, children who are blind, deaf, defective or epileptic within the meaning of Part V. of the Education Act, 1921.

2. (a) At the Special Department for Diseases of the Throat, Nose and Ear at Stockport Infirmary :—

Operative treatment of tonsils and adenoids.

(b) At the Special Department at the same Hospital :—
Orthopædic cases.

3. At the Skin Hospital, Manchester :—

X-ray treatment of ringworm.

4. At the Stockport Tuberculosis Dispensary :—

Tuberculosis, bad bronchitis and other chest affections.

OPEN-AIR EDUCATION.

There is no change since the last Report.

PHYSICAL TRAINING.

This is undertaken in the Elementary Schools by teachers who have paid special attention to the subject, no organiser being now available.

PROVISION OF MEALS FOR SCHOOL CHILDREN.

(Provisions of Meals Act, 1906-1914).

There are two main feeding centres in the town—Queen Street West Mission Rooms and Charlesworth Street Cookery Centre. These buildings are suitable for the purpose, centrally situated and adequately equipped.

Children are recommended for free meals by :—

- (1) School Teachers.
- (2) School Medical Officers.
- (3) Attendance Officers.

The Superintendent of Attendance Officers enquires into the financial state of the parents in all cases with a view to part payment being made, otherwise “ free ” meals are given. He personally supervises the centres and consults with the School Medical Officers, who pay periodical visits to the Feeding Centres and examine the diet sheets, etc.

Any child whose condition is unsatisfactory is seen by the Medical Officer.

The children attend for breakfast and dinner on five days per week, on Saturday for dinner only. Meals are provided during the school holidays, excepting on public holidays, when the catering staff are away.

Breakfast consists of cocoa, bread and jam, treacle or margarine.

At dinner they have meat or fish, served in a variety of ways, with fresh vegetables and potatoes, and Yorkshire pudding or some form of milk pudding, etc.

The cooking and serving are good, the food is appetising and much appreciated by all the children.

Milk allowance per head per day is				2/5 pint.
Meat	„	„	„	1½ ounces.
Fish	„	„	„	3 „

The statistical year for accounts of the Feeding Centres does not correspond with that of the School Medical Report, but from March, 1924, to March, 1925, 38,661 meals were provided. The cost of food per head per meal was 2·8 pence, administration 2·2 pence, a total cost per head per meal of 5·0 pence.

The average number of children attending the Feeding Centres daily was 70.

SCHOOL BATHS.

At the Public Central Baths, St. Petersgate, Stockport, and also at the Branch Baths at North Reddish, one bath is placed at the disposal of the Education Committee, upon payment, from May to October. Detailed time tables are drawn up whereby the baths are utilised by parties from the various schools. If necessary an extra bath is available for girls on payment of a reduced fee. No provision for bathing exists on school premises.

CO-OPERATION OF PARENTS.

(1) *At the School Inspections.*

An explicit “ Notice to Parents, Date of Medical Inspection ” is sent by the Head Teacher to the parent of any child who is to be examined as a Routine case.

The parent is requested to have the child present at school on that date and attend at the examination. Parents may also, and do in some cases attend when a child is only to be examined as a "Special."

1,884 parents attended at the Schools in 1925.

Should any child be found to require treatment and the parent is not present, a "defect card" is given to the child. Treatment is much more easily obtained when the parent is present at the Inspection.

(2) *At the Clinic.*

With regard to Children attending at the Clinic, parents come with them in the majority of cases in which it is necessary for them to do so.

(3) *In the Home.*

The Nurses meet with little opposition in the home visiting. Promises to obtain treatment are usually given after the Nurse has explained its necessity, though refractory cases are occasionally met with.

CO-OPERATION OF TEACHERS.

Teachers assist the School Medical Staff materially by preparing lists of children to be examined under each group. They also select any special cases about whom they desire information and advice.

After the completion of an examination a typed list of names and addresses, with defects, is sent to each department in the school, and the influence of the teachers is exerted in urging treatment, if not already obtained.

In some instances they interview parents who are invited to see them and convey to them the suggestions of the School Doctor. They encourage children to bring with them and to wear during school hours their prescribed spectacles.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Frequent consultations occur between the School Medical Officers and the Superintendent of Attendance Officers, whilst the individual attendance officers also visit the School Clinic with reference to cases of illness or the absence of children from school. This system, in practice, has worked well and harmoniously.

- (1) The attendance at the School Clinic of special cases for further detailed examination (*e.g.* mentally defective children) is supervised by these officers.
- (2) Where it is considered desirable for the school attendance officers to assist the School Visiting Nurses in following up troublesome cases, and urging treatment for the more serious defects, such help is freely given and has proved beneficial.
- (3) The necessity for the provision of spectacles for children suffering from defective vision is not always appreciated by parents. In extreme cases pressure is made by the attendance officers in order to ensure attendance at the School Clinic for refraction, and the obtaining of such glasses as are not provided free of cost.

CO-OPERATION OF VOLUNTARY BODIES.

The Stockport Institution for the Blind provide spectacles for school children refracted at the School Clinic gratuitously, if after enquiry by the Superintendent of School Attendance Officers, and confirmed by the Institute, the financial position of the parents is found to justify such gift.

In 1925 the number of spectacles provided free was 93 pairs.

By means of a grant of £150 the Local Authority supplement the efforts of the "George Fearn Trust" (a local charitable bequest) to provide residential open-air convalescent treatment for debilitated children at the Ormerod Homes, St. Annes-on-Sea.

All cases are recommended by the School Medical Officers, and the Trust then deals with their actual placing in the homes. 33 beds are provided in the rural districts of Ashford, Mellor and Peak Dale.

The Trustees have also ten beds at the Ormerod Home for Convalescent Children at St. Annes-on-Sea. These beds are occupied by pretubercular or other delicate children selected by the School Medical Staff. No limit is placed upon the length of residence, supervision being exercised by the Medical Officer of the Ormerod Homes.

The number of cases sent away during 1925 are as follows :—

Mellor.....	46
Ashford	11
Ormerod Home.....	23
West Kirby Special School.....	1
Children's Sanatorium, Southport.....	4
Shropshire Orthopædic Hospital	3
	<hr/>
	89

Surgical appliances have been supplied to nine children.

Whilst no case is rejected for financial disability in the above schemes, a partial contribution is expected from those parents who are in a position to pay.

The "Pearson's Fresh Air Fund" has assisted materially in sending children away for a holiday, each child being medically examined previous to departure. 40 children were inspected as a preliminary to going to camp for 14 days, whilst 2,000 children had a day trip into the country in August.

There is in existence a "School Attendance Officers' Clog Fund," supported by voluntary contributions, and administered without cost by the Education Department. It is a means of supplying many poor children with efficient foot-gear, and plays a part in no small way in the voluntary schemes of help.

In the past year 1,193 pairs of clogs were provided at a cost of £201 18s. 5d.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

An Annual Census of children in the Borough under school age is taken by the School Attendance Officers.

Any child of school age suffering as above is examined at the School Clinic. Similar cases below school age are noted.

No Day Special Schools are available in Stockport.

Blind or Deaf Children after examination, and completion of the necessary documents are sent by the Local Authority to Special Residential Schools.

It is more difficult to obtain vacancies in Institutions for Mentally Defective Children. 15 such cases were admitted to Special Residential Schools during the year.

Feeble-minded and imbeciles are notified to the Town Clerk. They are then referred to the Lancashire Asylums Board (this town being within their jurisdiction), but their accommodation is limited. 16 cases have been notified to the Town Clerk this year.

As regards Epilepsy, it is most difficult to convince parents of the necessity for continuous treatment. It is more difficult to make them realise the benefits of residential treatment. One case has been sent to a special colony.

The Stockport Ladies Care Committee undertake the regular visitation of homes where there are children certified as mental defectives. Reports are submitted each month to the Committee, the Secretary of the S.E. Lancashire Association for Mental Welfare attending. Thus the mentally defective are kept under observation and steps are taken to secure their removal to institutions as need arises.

SECONDARY SCHOOLS.

It has already been stated that owing to the illness of one of the Medical Staff, the Girls' High School and Fylde Lodge School have not been seen, it being considered preferable with the reduced staff to concentrate upon the Elementary School Children as more likely to need medical supervision.

The pupils at the Municipal Secondary School have had their usual medical inspection, all the girls being seen by Dr. Doris A. Haworth.

The Inspection Schedule in use at the Elementary Schools has been used, but special points (not applicable to Elementary School Children) are inquired into in accordance with Circular 1153. The attendance of parents with the girls is good, and small points of personal hygiene as well as the treatment of actual defects are discussed with them. The question of the pupil's fitness for partaking in certain games, drill and gymnastics is considered in detail, and remedial exercises, where required, discussed with the Lady Drill Instructor.

483 pupils were medically inspected, of whom 73 had defects requiring treatment or to be kept under observation (see Table II, Secondary Schools).

No yearly records of treatment are available, for the cases are not followed up in their homes, neither do they receive treatment at the School Clinic. Defective children are re-examined at the next school inspection. A list of defects is sent to the Head-master or Head-mistress, who render valuable help in seeing that treatment is obtained.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Mr. James Bell, B.A., Supervisor of the Juvenile Employment Exchange and Bureau, reports as follows :—

“ The long continued co-operation between the School Clinic and the Juvenile Employment Bureau is still maintained with considerable advantage to the Bureau. Reports on physical and mental defects of the School Children, examined by the School Medical Officer, are systematically furnished to the Supervisor of the Bureau. It is of even greater assistance to the Bureau that from time to time the School Medical Officer examines and reports upon individuals who at the age of 14 to 16 apply at the Bureau, and whom the Supervisor suspects to be suffering from some physical debility. The assistance thus given is very greatly appreciated, and is looked upon as exceedingly advantageous to the working of the Bureau.”

MISCELLANEOUS.

All candidates for Minor Municipal Scholarships tenable at the Local Secondary Schools are medically inspected before the examination.

141 boys and 129 girls were seen, total 270.. No case was rejected on medical grounds.

Seven children were examined and given Medical Certificates for admission to Industrial Institutions.

Two children were given certificates under The Employment of Children in Entertainments Rules, 1920.

Two Schools were closed during 1925 for breakdown in the Heating Apparatus :—

St. George’s C.E., Senior and Junior Dept.—Jan. 26th to 29th.
Houldsworth—Feb. 20th to 27th.

CLASS FOR STAMMERING CHILDREN.

During the first half of this year 27 children suffering from defective speech have received instruction at a class for stammering children, conducted by a specially trained teacher. In addition a “ following up ” class, held each Saturday morning, has been fairly well attended. The School Doctor examines each child on entering, recording defects of speech, nervous facial contortions, spasms of the body, etc. They then receive instruction in correct breathing, articulation exercises, reading and recitation.

At the end of the course the children are again seen by the Doctor .

Boys .....16	Cured 8	Improved .....7	Stationary 1
Girls.....11	„8	„3	„ 0
Total .....27	16	10	1

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

(A.)—Routine Medical Inspections.

Number of Code Group Inspections:

Entrants	...	...	...	...	...	1801
Intermediates	...	...	...	...	...	1556
Leavers	...	...	...	...	...	1531
					Total...	4888

Number of other Routine Inspections ... 4

Number of Secondary School Students inspected... 483

(B.)—Other Inspections.

Number of Special Inspections	...	...	...	5900
Number of Re-Inspections	...	...	...	5336
				Total... 11236

MEDICAL INSPECTION RETURNS.
ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection
in the Year ended 31st December, 1925.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
	Malnutrition	110	...	71	2
	Uncleanliness : (See Table IV., Group V.)				
Skin	Ringworm :				
	Scalp	1	...	53	...
	Body	2	...	79	...
	Scabies	1	...	11	...
	Impetigo	5	...	86	...
Eye	Other Diseases (Non-Tuberculous)	56	...	174	1
	Blepharitis	23	1	70	...
	Conjunctivitis	4	...	65	...
	Keratitis	2	...	4	...
	Corneal Opacities.....	14	3	50	2
	Defective Vision (excluding Squint)	101	96	200	115
	Squint	64	11	87	20
	Other Conditions.....	21	...	115	2
Ear	Defective Hearing	10	5	35	6
	Otitis Media	42	2	154	1
	Other Ear Diseases.....	3	1	60	...
Nose and Throat	Enlarged Tonsils only	86	111	101	46
	Adenoids only	21	6	28	4
	Enlarged Tonsils and Adenoids	25	2	39	5
	Other Conditions	39	11	111	3
	Enlarged Cervical Glands (Non-Tuberculous)	8	6	48	3
	Defective Speech	38	7	76	5
	Teeth—Dental Diseases	241	...	154	...
	(See Table IV., Group IV.)				

ELEMENTARY SCHOOLS.

MEDICAL INSPECTION RETURNS.

TABLE II.—A. Return of Defects found by Medical Inspection,
in the Year ended 31st December, 1925.—*Continued.*

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :				
	Organic	17	12	45	8
	Functional	3	...	7	1
	Anæmia	127	6	174	2
Lungs	Bronchitis	148	9	88	1
	Other Non-Tuberculous Diseases	24	10	26	3
Tuberculosis	Pulmonary :				
	Definite	2	...	6	...
	Suspected	9	...	39	...
	Non-Pulmonary :				
	Glands	3	...	7	...
	Spine	1	...	8	1
	Hip	2	1	3	...
	Other Bones & Joints	3	...	3	1
	Skin	1	...	4	...
	Other Forms .....	...	...	3	...
Nervous System	Epilepsy	3	...	17	1
	Chorea	3	...	15	1
	Other Conditions	18	2	30	1
Deformities	Rickets	12	2	23	...
	Spinal Curvature	6	1	4	1
	Other Forms	26	9	66	7
Other Defects and Diseases		269	48	2622	35

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE II.—B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	No. of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
CODE GROUPS:—			
Entrants.....	1801	428	23·76
Intermediates.....	1556	337	21·65
Leavers	1531	371	24·23
Total (Code Groups)	4888	1136	23·24
Other Routine Inspections	4	1	25·0
Secondary School Students Inspected	483	73	15·11

MEDICAL INSPECTION RETURNS.

SECONDARY SCHOOLS.

TABLE II. (A.) Return of Defects found by Medical Inspection,
in the Year ended 31st December, 1925.

Number Examined :— Boys 275 Girls 208 Defect or Disease.		Routine Inspections.	
		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treat- ment
Skin	Malnutrition	5	...
	Uncleanliness .....	...	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
	Other Diseases (Non-Tuberculous)...	2	...
Eye	Blepharitis .....	...	...
	Conjunctivitis ..	1	...
	Keratitis .....	...	...
	Corneal Opacities.....	1	...
	Defective Vision (excluding Squint) ...	13	7
	Squint	1	...
Ear	Other Conditions .....	...	...
	Defective Hearing .....	...	...
	Otitis Media	1	...
Nose and Throat	Other Ear Diseases.....	1	...
	Enlarged Tonsils only.....	3	6
	Adenoids only .....	...	...
	Enlarged Tonsils and Adenoids .....	...	...
Enlarged Cervical Glands (Non-Tuberculous)	Other Conditions	1	...
		2	1
Defective Speech .....		...	1
Teeth—Dental Diseases.....		9	...

MEDICAL INSPECTION RETURNS.

SECONDARY SCHOOLS.

TABLE II. (A.) Return of Defects found by Medical Inspection, in the Year ended 31st December, 1925—Continued.

Defect or Disease.		Routine Inspections.	
		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :		
	Organic	1	...
	Functional.....	...	1
	Anæmia.....	24	...
Lungs	Bronchitis	1	...
	Other Non-Tuberculous Diseases .....	...	2
Tuber- culosis	Pulmonary :		
	Definite .....	...	...
	Suspected .....	...	...
	Non-Pulmonary :		
	Glands .....	...	...
	Spine .....	...	...
	Hip .....	...	...
	Other Bones and Joints .....	...	...
Nervous System	Skin .....	...	...
	Other Forms.....	...	...
	Epilepsy . .....	...	...
Defor- mities	Chorea .....	...	...
	Other Conditions.....	3	...
	Rickets .....	...	...
	Spinal Curvature	2	3
	Other Forms.....	5	2
Other Defects and Diseases		20	10

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.

			Boys	Girls	Total
BLIND (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind.....	6	4	10
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution	2	...	2
	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind.....	...	...	..
		Attending Public Elementary Schools	2	1	3
		At other Institutions .....	...	...	...
		At no School or Institution	...	1	1
DEAF (including deaf and dumb and partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf	5	8	13
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution	...	...	...
	(ii.) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf .....	...	...	...
		Attending Public Elementary Schools	3	6	9
		At other Institutions .....	...	...	...
		At no School or Institution	...	...	...

MEDICAL INSPECTION RETURNS.
ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area—
Continued.

			Boys	Girls	Total
MENTALLY DEFECTIVE	Feebleminded (cases not noti- fiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children	13	7	20
		Attending Public Elemen- tary Schools	31	24	55
		At other Institutions .....	...	...	..
		At no School or Institution.	1	5	6
	Notified to the Local Control Authority during the year	Feebleminded	5	5	10
		Imbeciles	4	2	6
		Idiots.....	...	...	...
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics..	1	3	4
		In Institutions other than Certifi'd Special Schools	...	...	...
		Attending Public Elemen- tary Schools	1	1	2
		At no School or Institution	1	1	2
	Suffering from epilepsy which is not severe	Attending Public Elemen- tary Schools	5	8	13
		At no School or Institution	...	...	...
PHYSICALLY DEFECTIVE	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	2	3
		At other Institutions .....	...	...	...
		At no School or Institution	5	6	11

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—

Continued.

			Boys	Girls	Total
PHYSICALLY DEFECTIVE.— <i>Continued.</i>	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	9	14
		At Certified Residential Open-air Schools .....	...	...	...
		At Certified Day Open-air Schools .....	...	...	...
		At Public Elementary Schools	5	8	13
		At other Institutions .....	...	...	...
		At no School or Institution	2	1	3
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools .....	...	...	...
		At Certified Day Open-air Schools .....	...	...	...
		At Public Elementary Schools	233	253	486
		At other Institutions .....	...	...	...
		At no School or Institution	6	4	10
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	...	...	...
		At Public Elementary Schools	1	5	6
		At other Institutions .....	...	...	...
		At no School or Institution	8	3	11

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—
Continued.

			Boys	Girls	Total
PHYSICALLY DEFECTIVE— <i>Continued.</i>	Crippled Children (other than those with active tuberculosis disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools .....	...	...	...
		At Certified Residential Cripple Schools	1	...	1
		At Certified Day Cripple Schools .....	...	...	...
		At Public Elementary Schools	59	53	112
		At other Institutions ...	...	...	...
		At no School or Institution	2	4	6

TABLE IV.—Return of Defects Treated during the Year ended
31st December, 1925.

TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp	50	9	59
Ringworm—Body	75	2	77
Scabies	11	...	11
Impetigo	83	1	84
Other Skin Disease	133	10	143
Minor Eye Defects— (External and other, but excluding cases falling in Group II.).....	251	6	257
Minor Ear Defects	194	17	211
Miscellaneous— (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.).....	1589	24	1613
Total	2386	69	2455

MEDICAL INSPECTION RETURNS.**ELEMENTARY SCHOOLS.****TABLE IV.—Return of Defects during the Year ended
31st December, 1925.—continued.****GROUP II.—Defective Vision and Squint (excluding Minor Eye
Defects treated as Minor Ailments—Group I.)**

Defect or Disease	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	185	49	30	264
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	6	...	...	6
Total	191	49	30	270

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme...182.

(b) Otherwise...77

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme...127.

(b) Otherwise...119.

GROUP III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
56	19	75	80	155

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE IV.—Return of Defects during the Year ended
31st December, 1925.—*continued*.
GROUP IV.—Dental Defects.

(1) Number of Children who were:—	(2) Half-days devoted to:—
(a) Inspected by the Dentist:	Inspection... 34
Aged:	Treatment...465 } Total .....499
Routine Age Groups	
5... 97	
6...215	
7...206	
8...237	
9...230	
10...232	
11 .. 30	
12... 15	
13... 6	
14... —	
Specials.....3017	
Grand Total...4285	
(b) Found to require treatment .....4176	(3) Attendances made by children for treatment .....3474
(c) Actually treated .....3400	(4) Fillings:—
(d) Re-treated during the year as the result of periodical examination. 116	Permanent teeth...1080 } Total
	Temporary teeth... 147 } 1227
	(5) Extractions:—
	Permanent teeth... 899 } Total
	Temporary teeth...2655 } 3554
	(6) Administrations of general anæsthetics for extractions...Nil.
	(7) Other operations:—
	Permanent teeth... 433 } Total
	Temporary teeth... 33 } 466

GROUP V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by School Nurses	8
(ii.) Total number of examinations of children in the Schools by School Nurses.....	18,780
(iii.) Number of individual children found unclean	1,420
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921.....	Nil.
(b) Under School Attendance Byelaws	3